CITY VIEW NURSING HOME 3030 CITY VIEW DRIVE

MADI SON 53718 Phone: (608) 242-5020		Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/01):	50	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	57	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	43	Average Daily Census:	47

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	44. 2
Supp. Home Care-Personal Care	No					1 - 4 Years	41. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	16. 3	More Than 4 Years	14. 0
Day Servi ces	No	Mental Illness (Org./Psy)	51. 2	65 - 74	23. 3		
Respite Care	No	Mental Illness (Other)	2. 3	75 - 84	25. 6		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	34. 9	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	2. 3	95 & 0ver	0. 0	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	7. 0	ĺ		Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	7. 0	İ	100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	4. 7	65 & 0ver	83. 7		
Transportati on	No	Cerebrovascul ar	7. 0	'		RNs	5. 7
Referral Service	No	Di abetes	7. 0	Sex	%	LPNs	14. 5
Other Services	Yes	Respiratory	2. 3			Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	9. 3	Male	30. 2	Aides, & Orderlies	43. 3
Mentally Ill	No			Female	69. 8		
Provi de Day Programmi ng for			100. 0		i		
Developmentally Disabled	No			ĺ	100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther]	Pri vate Pay	:		amily Care		1	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	0f
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	3	100. 0	330	29	100.0	112	0	0.0	0	7	100.0	135	0	0.0	0	4	100. 0	112	43	100. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	3	100. 0		29	100.0		0	0.0		7	100.0		0	0.0		4	100.0		43	100. 0

Admissions, Discharges, and Deaths During Reporting Period	ı	Percent Distribution	of Residents'	Condi ti ons	, Servi ce	s, and Activities as of 12	/31/01
beachs builting kepoliting lello	•			% Ne	edi ng		Total
Percent Admissions from:		Activities of	%		ance of	% Totally	Number of
Private Home/No Home Health	9. 2	Daily Living (ADL)	Independent	One Or	Two Staff		Resi dents
Private Home/With Home Health	0.0	Bathi ng	0.0	7	9. 1	20. 9	43
Other Nursing Homes	0.0	Dressi ng	14. 0	6	5. 1	20. 9	43
Acute Care Hospitals	85. 5	Transferring	51. 2	1	6. 3	32. 6	43
Psych. HospMR/DD Facilities	0.0	Toilet Use	25. 6	4	8. 8	25. 6	43
Reĥabilitation Hospitals	1.3	Eati ng	74. 4	1	1. 6	14. 0	43
Other Locations	3. 9	**************	******	******	******	*********	******
Total Number of Admissions	76	Conti nence		% Sp	ecial Trea	atments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	2. 3	Recei vi ng	Respi ratory Care	11.6
Private Home/No Home Health	17. 1	Occ/Freq. Incontinent	t of Bladder	55. 8	Recei vi ng	Tracheostomy Care	0.0
Private Home/With Home Health	19. 5	0cc/Freq. Incontinent	t of Bowel			Sucti oni ng	0. 0
Other Nursing Homes	7. 3	·			Recei vi ng	Ostomy Care	2. 3
Acute Care Hospitals	14. 6	Mobility			Recei vi ng	Tube Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	7. 0	Recei vi ng	Mechanically Altered Diets	s 30. 2
Rehabilitation Hospitals	0.0						
Other Locations	19. 5	Skin Care		0t	her Resid	ent Characteristics	
Deaths	22.0	With Pressure Sores		9. 3	Have Adva	nce Directives	72. 1
Total Number of Discharges		With Rashes		14.0 Me	di cati ons		
(Including Deaths)	82	ĺ			Recei vi ng	Psychoactive Drugs	55.8

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	Ownershi p: Thi s Propri etary		Bed	Si ze:	Li c	ensure:					
			50	- 99	Ski	lled	Al I	l			
	Facility	Peer Group		Peer	Group	Peer	Group	Faci l	lities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Rati o		
Occupancy Rate: Average Daily Census/Licensed Beds	81. 0	82. 7	0. 98	85. 1	0. 95	84. 3	0. 96	84. 6	0. 96		
Current Residents from In-County	83. 7	82. 1	1. 02	80. 0	1. 05	82. 7	1.01	77. 0	1. 09		
Admissions from In-County, Still Residing	22. 4	18.6	1. 20	20. 9	1. 07	21. 6	1.04	20. 8	1. 08		
Admissions/Average Daily Census	161. 7	178. 7	0. 90	144. 6	1. 12	137. 9	1. 17	128. 9	1. 25		
Discharges/Average Daily Census	174. 5	179. 9	0. 97	144. 8	1. 20	139. 0	1. 26	130. 0	1. 34		
Discharges To Private Residence/Average Daily Census	63. 8	76. 7	0.83	60. 4	1.06	55. 2	1. 16	52. 8	1. 21		
Residents Receiving Skilled Care	100	93.6	1. 07	90. 5	1. 10	91.8	1.09	85. 3	1. 17		
Residents Aged 65 and Older	83. 7	93. 4	0. 90	94. 7	0. 88	92. 5	0. 91	87. 5	0. 96		
Title 19 (Medicaid) Funded Residents	67. 4	63. 4	1.06	58. 0	1. 16	64. 3	1.05	68. 7	0. 98		
Private Pay Funded Residents	16. 3	23.0	0. 71	32. 0	0. 51	25. 6	0.64	22. 0	0. 74		
Developmentally Disabled Residents	0. 0	0. 7	0.00	0. 9	0.00	1. 2	0.00	7. 6	0.00		
Mentally Ill Residents	53. 5	30. 1	1. 78	33. 8	1. 58	37. 4	1.43	33. 8	1. 58		
General Medical Service Residents	9. 3	23. 3	0.40	18. 3	0. 51	21. 2	0. 44	19. 4	0. 48		
Impaired ADL (Mean)	45. 6	48.6	0. 94	48. 1	0. 95	49. 6	0. 92	49. 3	0. 93		
Psychological Problems	55. 8	50. 3	1. 11	51.0	1. 10	54 . 1	1.03	51. 9	1. 08		
Nursing Care Required (Mean)	8. 4	6. 2	1. 36	6. 0	1. 40	6. 5	1. 29	7. 3	1. 15		